



City of Seattle, Department of Planning and Development  
Pressure Systems Inspection  
Refrigeration Licensing  
P. O. Box 34019  
Seattle, WA 98124-4019  
(206) 684-5174

# APPLICATION

For Refrigeration Journeyman Mechanic License

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I certify that the information on this application is true:

\_\_\_\_\_ Date: \_\_\_\_\_

*Signature of Applicant*

----- *For office use only* -----

Data Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

License Issued: ☐ Yes ☐ No

Customer Number: \_\_\_\_\_

Print your name: \_\_\_\_\_ License type (check one): Freon Only \_\_\_\_\_ Ammonia Only \_\_\_\_\_ Both \_\_\_\_\_

Check one of the following:

\_\_\_\_\_ Three years full-time qualifying experience

\_\_\_\_\_ Two years training in a recognized School of Technology, plus one year actual experience

\_\_\_\_\_ Two years full-time experience and graduation from a recognized Trade School of Refrigeration Technology

## RECORD OF EXPERIENCE

Title, Occupation or Trade	Dates of Employment	Nature of your duties. Give details. List the types of refrigeration's you are familiar with.	Name and address of Employer
	Years:      Months:  From: To:		
	Years:      Months:  From: To:		
	Years:      Months:  From: To:		

## EDUCATION AND TRAINING RELATED TO REFRIGERATION

Name of Course	Name of Institution	Course Length/Completion Date	Course Description (include subjects covered)